



THE UNIVERSITY of
NEW ORLEANS

INVITATION FOR BID

**BID NAME AND NUMBER:
PROVISION OF INTERNATIONAL STUDENT HEALTH
INSURANCE
BSV2752**

**BID OPENING TIME AND DATE:
June 7, 2023 2:00 pm**

**BUYER:
SUSAN VARBLE
sfvarble@uno.edu**

RETURN ALL BIDS TO THE FOLLOWING ADDRESS:

**Purchasing Office
Administration Annex 1004G
University of New Orleans
2000 Lakeshore Drive
New Orleans, Louisiana 70148
Phone: (504) 280-6171
Fax: (504) 280-6297**

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Bid Signature

By signing this bid, the bidder certifies compliance with all general instructions to bidders, terms, conditions, and specifications, and further certifies that this bid is made without collusion or fraud.

Bidder (Company Name)

Printed Name

Title

Authorized Signature

Mailing Address

City, State, Zip Code

Phone Number

Fax Number

E-Mail Address

Federal Tax ID #

Background

The University of New Orleans (hereinafter referred to as the "University" or "UNO") is an urban research University in the State of Louisiana, categorized as an SREB Four Year 2 Institution, as a Carnegie Doctoral/Research University – (High Research Activity), and as a SACS/COC Level VI Institution. Established in 1958, UNO is a member of the University of Louisiana System offering degrees through four (4) undergraduate colleges and a graduate school.

UNO serves approximately 7,000 students by offering more than 100 degree programs. Enrollment comes from nearly every state in the U.S. and over 85 foreign countries.

The University is a "walking campus", with most classes located within 10 minutes of each other. In the Fall of 2022 UNO had approximately 1500 students living on campus, and a large number of off-campus students who live in close proximity to the campus.

Purpose

The Invitation for Bid is to obtain a medical and accidental group insurance plan for international students of the University of New Orleans. Bids will be accepted from bona fide, qualified bidders. The University mandates that all International Students with a hard waiver purchase insurance.

Schedule of Events

<u>Activity</u>	<u>Date</u>
IFB mailed to prospective bidders And posted to LaPac	May 15, 2023
Deadline to receive written inquiries	May 25, 2023
Proposal Date Opening and Time (deadline for submitting proposals)	June 7, 2023 @ 2:00PM CST
Notice of Intent to Award should be mailed	June 14, 2023
Policy Initiation	August 12, 2023

NOTE: The University reserves the right to revise this schedule. Any revisions made prior to the Proposal Opening will be formalized by the issuance of an addendum to the IFB.

General Instructions to Bidders

1 Invitation to Bid

Bids for the following items and/or services specified are hereby solicited, and will be received by the Purchasing Office until the stated bid opening time and date and then publicly opened.

2 Authority to Sign

Bids must be signed by a person authorized to bind the vendor. In accordance with R. S. 39:1594(C)(4), the person signing the bid must be: 1) A current corporate officer, partnership member or other individual specifically authorized to submit bids as evidenced in appropriate records on file with the secretary of State; or 2) An individual authorized to bind the vendor, as evidenced by a corporate resolution, certificate, or affidavit; or 3) other documents indicating authority which are acceptable to the University.

3 Read Solicitation

Read the entire solicitation, including all terms, conditions, and specifications.

4 Corrections

All bids should be returned on the forms furnished and must be typed or written in ink. Any corrections or erasures must be initialed by the bidder.

5 Delivery of Bids

Bids may be submitted in person or by mail. The mailing address is listed on the cover sheet. Bids delivered in person or by mail should be placed in a sealed envelope and marked with the bid name and number, the bid opening time and date, and the name and address of the bidder. The same information should be affixed to any additional materials sent as a part of the bid submission.

6 Bid Alterations

Alterations to bids will be accepted provided both the bid and alterations have been received in the Purchasing Office prior to bid opening time and date.

7 Late Bids

Late bids will not be accepted and will be returned unopened. Each bidder is solely responsible for the timely delivery of its bid. The University will not be responsible for any delay in the delivery of bids.

8 Delivery/Freight Charges

Bid prices will include all delivery/freight charges paid by the vendor, F.O.B., UNO, inside delivery, New Orleans, La, unless otherwise stated in the specifications. Any

invoiced delivery charges not quoted and itemized on the UNO purchase order are subject to rejection and non-payment.

9 Taxes

Vendor is responsible for including all applicable taxes in the bid price. The University of New Orleans is exempt from all Louisiana state and local sales and use taxes. By accepting an award, all firms acknowledge their responsibility for the payment of all taxes duly assessed by the State of Louisiana and its political subdivisions for which they are liable.

10 Payment

Assuming there is no prompt payment discount provision, payment will be made within thirty (30) days from receipt of products in satisfactory condition, or within thirty (30) days from date of invoice, whichever is later. Delinquent payment penalties are governed by L.R.S. 39:1695. Vendor penalties to the contrary shall be null and void, shall have no legal force, and shall not be recognized by the University in any dispute.

11 Acceptance

Only the issue of a purchase order or a signed acceptance of a proposal constitutes acceptance on the part of the University.

Standard Terms and Conditions

These standard terms and conditions apply to all UNO solicitations, unless otherwise specifically amended and provided for in the special terms and conditions, specifications, or other solicitation documents. In the event of a conflict between the General Instructions to Bidders or Standard Terms & Conditions and the Special Terms & Conditions, the Special Terms & Conditions shall govern.

Auditors

Bidders agrees that the Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration auditors and/or the University's auditors will have the option of auditing all accounts of the Bidder which relate to this purchase.

Award

Award will be made to the lowest responsible and responsive bidder. The University reserves the right to award the items, separately, grouped, or on an all-or-none basis, and to reject any or all bids and to waive any informalities including technicalities in specifications that would preclude competition.

All solicitation specifications, terms, and conditions will be made part of any subsequent award as if fully reproduced and included therein, unless specifically amended in the formal contract.

Bidder Inquiries

If a bidder is in doubt as to the meaning of any part of a solicitation, bidder may submit a written request for interpretation to the Buyer of Record. Requests must be received in the Purchasing Office no later than the deadline stated in the Schedule of Events. Any interpretation of the documents will be made by Addendum only, issued by the Purchasing Office, and a copy of such Addendum will be sent to all known bidders. The University will not be responsible for any other explanation of the documents.

Contrary Terms and Conditions

Submittal of any terms and conditions contrary to those contained within this solicitation may cause your bid to be rejected. By signing this bid, vendor agrees that any terms and conditions which may be included in their bid are nullified.

Equal Employment Opportunity Compliance

By submitting and signing this bid, vendor agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Executive Order 11246, Rehabilitation Act of 1973, as amended; the Vietnam Era Veteran's Readjustment Assistance Act of 1974; Title IX of the Education Amendments of 1972; the Age Act of 1975; the Americans with Disabilities Act of 1990. Vendor agrees not to discriminate, and to render services without regard to race, color, religion, sex, age, national origin, veteran status, political affiliation, handicap, disability, or other non-merit factor. Failure to comply shall be grounds for termination of any contract entered into as a result of this solicitation.

Equivalency

Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing general quality levels. Such references are not intended to be restrictive. Bids will be considered for any brand that meets or exceeds the quality of the specifications listed for any item. Bidder must state the brand/model he or she is bidding on each item. Bids not specifying brand and model number will be considered as offering the exact product specified in the solicitation.

It will be the sole responsibility of the Bidder to prove equivalency. Bidder will submit with the bid all illustrations, descriptive literature, and

specifications necessary to determine equivalency. Failure to do so may eliminate the bid from consideration. The decision of the University as to equivalency will be final.

Governing Law

This purchase shall be construed in accordance with and governed by the laws of the State of Louisiana.

Louisiana Preference

A preference will be given to materials, supplies, and provision produced, manufactured, assembled, grown, or harvested in Louisiana, quality being equal to articles offered by competitors outside of the state. However, it will be the bidder's sole responsibility to indicate on his bid response which items were (or would be) produced, manufactured, assembled, grown, or harvested in Louisiana. Bidder must be able to provide satisfactory evidence to support preference claim if requested by the University. The enclosed Louisiana Preferences must be returned as a part of this bid.

Legislators Prohibited

According to LAS-R.S. 42:113(D) the University is prohibited from entering into any contract or subcontract with a legislator or person who has been certified by the Secretary of State as elected to the Legislature or spouse of a legislator, or any corporation, partnership, or other legal entity in which the Legislator or his/her spouse owns an interest, except publicly traded corporations. Each bidder must return the enclosed Disclosure Form as a part of his bid.

New Products

All products are to be new, current model, and of best quality as measured by accepted standards of the trade. No remanufactured, demonstrator, used, or irregular products will be considered for purchase unless otherwise specified.

Warranty

The manufacturer's standard published warranty and provision will apply, unless more stringent warranties are otherwise required by UNO and specified in the solicitation. In such cases, the bidder and/or manufacturer will honor the specified warranty requirements, and bid prices will include any premium costs of such coverage.

Special Terms and Conditions

1. It shall be specifically agreed and understood that the Bidders may attend the Bid opening. They shall, whenever any award is considered, furnish specific samples for examination upon request by the University. It shall also be specifically agreed and understood that the decision of the University shall be final.
2. The University reserves the right to cancel this contract upon thirty (30) days written notice for failure of the Vendor to deliver on time, for delivery of unsatisfactory merchandise, or for any unsatisfactory performance by the Vendor as determined by the University.
3. The successful bidder will be required to assume responsibility for all services and/or products offered in his/her bid whether or not he/she produces them. Further, the University of New Orleans will consider the selected bidder to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.
4. Award to be made on an all-or-none basis.
5. Fiscal Funding: The continuation of any agreement entered into as a result of this bid past the current fiscal year is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.
6. Escalation Clause/Rate Increases
Prior to any renewal term, the contractor may request a price increase for that renewal term. Rate increases will be limited to the medical inflation index or supported by plan experience and must be approved by the University prior to implementation.
7. Piggyback: Other Louisiana Governmental Agencies may purchase at the same terms and conditions if agreed upon by awarded bidder.

DISCLOSURE FORM

EACH BIDDER IS TO DISCLOSE THE FOLLOWING INFORMATION BY ANSWERING YES OR NO TO THE FOLLOWING QUESTIONS:

1. Is the bidder a legislator or person who has been certified by the Secretary of State as elected to the Legislature?

Yes_____

No_____

2. Is the bidder a spouse of a legislator?

Yes_____

No_____

3. If the bidder is a corporation, partnership, or other legal entity, does a legislator or his spouse own any interest in that corporation, partnership or other legal entity?

Yes_____

No_____

4. If the bidder is a corporation, is it a publicly traded corporation?

Yes_____

No_____

Specifications

General Specifications

Number of Response Copies

Each Proposer should submit one (1) signed original response (clearly labeled as original), two (2) additional copies of the proposal and one digital copy.

Assignment

Assignment of contract requires the advanced written approval of the University.

Audit of Records

The State Legislative Auditor, federal auditors, and internal auditors of the University of New Orleans, or others designated by the University, shall have the option to audit all accounts directly pertaining to the resulting contract during the contract period and for a period of five (5) years after contract completion or as required by applicable State and Federal law.

Record Retention

Successful Vendor shall maintain all records in relation to the lease for a period of at least five (5) years after contract completion.

Contract Term

Original contract period shall be for a period of three (3) years. At the option of the University and acceptance by the contractor, this contract may be extended for two additional twelve (12) month periods at the same prices, terms, and conditions. Contract periods will be from August 12th through August 11th. Contract shall not exceed sixty (60) months.

Licensing

Bids from corporations and/or agents not legally registered or licensed to do business in the State of Louisiana will be rejected. Proof of license should be included as a part of the bid response.

Collection Agent

The University will be the collecting agent for international students, and will pay Vendor with check(s) after fees are verified. Any resulting agreement will be between the student and the vendor.

Plan Specifications

The following plan is the one currently in use by the University. The University wishes for bidders to reproduce this plan with the exception of making any necessary changes to bring our current plan in compliance with any changes the Federal Government may require. Successful Vendor will partner with the University to continue to make changes to keep the plan compliant throughout the contract term. Any other changes to the plan not specifically listed above must be provided as an alternative quote.

Rate increases will be limited to the medical inflation index or supported by plan experience and must be approved by the University prior to implementation.

The University mandates that all International Students purchase the plan. The University does provide a hard waiver option. The University estimates the number of participants over the last three (3) years as approximately 90 per year.

The approved plan must provide nation-wide and international coverage and must meet the minimum standards for international student insurance.

The University of New Orleans Student Health Services will be allowed to bill the provider for services rendered.

Any and all disputes will be handled in the State of Louisiana.

Current Eligibility Statement:

Covers students and their eligible Dependents who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

All non-F-1 IELP students, are eligible to enroll in this insurance plan on a voluntary basis. All registered International students in F and J status taking

credit hours, as well as IELP students in F-1 status, are automatically enrolled in this insurance plan on a hard-waiver basis. All International J-1 scholars, F-1 Optional Practical Training, and J-1 Academic Training participating are eligible to enroll in this insurance plan on a voluntary basis. Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children or grandchildren who meet the limits of a Dependent set forth in the Dependent definition. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and fully online programs do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium. The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Current Schedule of Benefits

SCHEDULE OF BENEFITS BASIC MEDICAL EXPENSE BENEFITS UNIV. OF NEW ORLEANS – STUDENT PLAN INJURY AND SICKNESS BENEFITS FOR INTERNATIONAL STUDENTS

Basic Maximum Benefit	\$500,000 (Per Insured Person) (Per Policy Year)
Deductible Preferred Provider	\$100 (Per Insured Person) (Per Policy Year)
Deductible Out of Network	\$500 (Per Insured Person) (Per Policy Year)
Coinsurance Preferred Providers	80% except as noted below
Coinsurance Out of Network	70% except as noted below

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated.

Inpatient	Preferred Provider	Out-of-Network Provider
Room & Board:	\$100 Copay per Hospital Confinement Allowed Amount not subject to Deductible	\$100 Copay per Hospital Confinement Allowed Amount not subject to Deductible

Inpatient	Preferred Provider	Out-of-Network Provider
Intensive Care:	\$100 Copay per Hospital Confinement Allowed Amount not subject to Deductible	\$100 Copay per Hospital Confinement Allowed Amount not subject to Deductible
Hospital Miscellaneous:	Allowed Amount after Deductible	Allowed Amount after Deductible
Routine Newborn Care:	Paid as any other Sickness	Paid as any other Sickness
Surgery:	Allowed Amount after Deductible	Allowed Amount after Deductible
Assistant Surgeon:	Allowed Amount after Deductible	Allowed Amount after Deductible
Anesthetist:	Allowed Amount after Deductible	Allowed Amount after Deductible
Registered Nurse's Services:	Allowed Amount after Deductible	Allowed Amount after Deductible
Physician's Visits:	\$30 Copay per visit Allowed Amount not subject to Deductible	Allowed Amount after Deductible
Pre-admission Testing:	Allowed Amount after Deductible	Allowed Amount after Deductible
Outpatient	Preferred Provider	Out-of-Network Provider
Surgery:	Allowed Amount after Deductible	Allowed Amount after Deductible
Day Surgery		\$100 Copay per date of service
Miscellaneous:	\$100 Copay per date of service Allowed Amount not subject to Deductible	Allowed Amount after Deductible
Assistant Surgeon:	Allowed Amount after Deductible	Allowed Amount after Deductible
Anesthetist:	Allowed Amount after Deductible	Allowed Amount after Deductible
Physician's Visits:	\$30 Copay per visit Allowed Amount after Deductible	Allowed Amount after Deductible

Outpatient	Preferred Provider	Out-of-Network Provider
Physiotherapy:	\$30 Copay per visit Allowed Amount not subject to Deductible	Allowed amount after Deductible
<i>(Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.)</i>		
Medical Emergency: The Copay will be waived if admitted to the Hospital. Treatment must be rendered within 72 hours from the time of Injury or first onset of Sickness.	\$300 Copay per visit Allowed Amount not subject to Deductible	\$300 Copay per visit 80% of Allowed Amount not subject to Deductible
X-rays:	Allowed Amount after Deductible	Allowed Amount after Deductible
Radiation Therapy:	Allowed Amount after Deductible	Allowed Amount after Deductible
Laboratory:	Allowed Amount after Deductible	Allowed Amount after Deductible
Tests & Procedures:	Allowed Amount after Deductible	Allowed Amount after Deductible
Chemotherapy:	Allowed Amount after Deductible	Allowed Amount after Deductible

Outpatient	Preferred Provider	Out-of-Network Provider
*Prescription Drugs: See Prescription Drug Benefit Endorsement for additional information	\$20 Copay per prescription Tier 1 30% Coinsurance per prescription Tier 2 45% Coinsurance per prescription Tier 3 Up to a 31-day supply per prescription Not subject to Deductible Mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply	No Benefits

Other	Preferred Provider	Out-of-Network Provider
Ambulance:	Allowed Amount after Deductible	Allowed Amount after Deductible
Durable Medical Equipment: (\$ \$1,000 maximum (Per Policy Year))	Allowed Amount after Deductible	Allowed Amount after Deductible
Consultant Physician Fees:	\$30 Copay per visit Allowed Amount not subject to Deductible	Allowed Amount after Deductible
Dental: (\$100 maximum per tooth, \$500 maximum for each injury) (Benefits paid on Injury to Sound, Natural Teeth only.)	Usual and Customary Charges	80% of Usual and Customary Charges
Maternity:	Paid as any other Sickness	Paid as any other Sickness
Elective Abortion: \$1,500 maximum per Policy Year	Allowed Amount after Deductible	Allowed Amount after Deductible

Other	Preferred Provider	Out-of-Network Provider
Complications of Pregnancy:	Paid as any other Sickness	Paid as any other Sickness
Other:	Note Below	Note Below
	<i>MRI - Preferred Allowance / Usual and Customary Charges</i>	<i>MRI - Preferred Allowance / Usual and Customary Charges</i>
Preventive Care Services:	100% of Allowed Amount (\$1,000 Maximum, Per policy Year), Not subject to deductible.	No Benefits
Diabetes Services:	Paid as any other Sickness	Paid as any other Sickness
Mental Illness Treatment:	Paid as any other Sickness	Paid as any other Sickness

Other	Preferred Provider	Out-of-Network Provider
Reconstructive Surgery Following Mastectomy:	Paid as any other Sickness	Paid as any other Sickness
High Cost Procedures	\$200 Copay per visit Allowed Amount not subject to Deductible	\$200 Copay per visit Allowed Amount not subject to Deductible
Urgent Care Center	\$50 Copay per visit Allowed Amount not subject to Deductible	\$50 Copay per visit Allowed Amount not subject to Deductible
Hospital Outpatient Facility or Clinic	Allowed Amount after Deductible	Allowed Amount after Deductible
Transplantation Services	Paid as any other Sickness	Paid as any other Sickness
Titers Benefits are limited to titers related to immunizations for the following: Polio Virus Immune status, Varicella-Zoster AB, IgG, Hepatitis B surf AB, MMR, Hep B, Hep A, Tdap, and Rubella.	Allowed Amount after Deductible	Allowed Amount after Deductible
Tuberculosis Screening and Testing Benefits are limited to TB Screening and Testing not covered by the Preventive Care Services Benefit.	Allowed Amount after Deductible	Allowed Amount after Deductible

**Substance Use
Disorder
Treatment:**

Paid as any other
Sickness

Paid as any other
Sickness

**Global Emergency
Services:
International
Students covered
worldwide, except
in their home
country**

Provides assistance
and evacuation
benefits that meet or
exceed the
Department of
State's provisions for
repatriation and
medical evacuation.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
2. Acupuncture.
3. Addiction, such as:
 - a. Nicotine addiction except as specifically provided in the Policy.
 - b. Caffeine addiction.
 - c. Non-chemical addiction, such as: gambling, sexual, spending, shopping, working, and religious.
 - d. Codependency.
4. Biofeedback.
5. Injections.
6. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy or for newborn or adopted children. The primary result of the procedure is not a changed or improved physical appearance.
7. Custodial care.
 - a. Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - b. Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
8. Dental treatment, except:
 - a. For accidental Injury to Sound, Natural Teeth.
9. Elective Surgery or Elective Treatment
10. Foot care for the following:
 - a. Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery). This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
11. Health spa or similar facilities. Strengthening programs.
12. Home health care.
13. Hospice care.
14. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
15. Injury or Sickness for which benefits are paid or payable under any

Workers' Compensation or Occupational Disease Law or Act or similar legislation.

16. Injury or Sickness inside the Insured's home country.
17. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs, business, pleasure or to or from the Insured's home country.
18. Injury or Sickness when the claims payment and/or coverage is prohibited by applicable law.
19. Injury sustained while:
 - a. Participating in any interscholastic, intercollegiate, or professional sport, contest or competition.
 - b. Traveling to or from such sport, contest or competition as a participant.
 - c. Participating in any practice or conditioning program for such sport, contest or competition.
20. Investigational services.
21. Participating in a riot or civil disorder. Commission of or attempt to commit a felony.
22. Pre-existing Conditions in excess of \$1,000. This exclusion will not be applied to individuals who have been continuously insured under the student insurance Policy for at least 6 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under prior Creditable Coverage which provided benefits similar to this Policy provided the coverage was continuous to a date within 63 days prior to the Insured's effective date under this Policy.
23. Prescription Drugs, services or supplies as follows:
 - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - b. Immunization agents, except as specifically provided in the Policy. Biological sera. Blood or blood products administered on an outpatient basis.
 - c. Drugs labeled, "Caution—limited by federal law to investigational use" or experimental drugs.
 - d. Products used for cosmetic purposes.
 - e. Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - f. Anorectics—drugs used for the purpose of weight control.
 - g. Fertility agents or sexual enhancement drugs, such as Paridel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.

- h. Growth hormones.
 - i. Refills in excess of the number specified or dispensed after one (1) year of the date of the prescription.
24. Reproductive services for the following:
- a. Procreative counseling.
 - b. Genetic counseling and genetic testing.
 - c. Cryopreservation of reproductive materials. Storage of reproductive materials.
 - d. Fertility tests.
 - e. Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - f. Premarital examinations.
 - g. Impotence, organic or otherwise.
 - h. Female sterilization procedures, except as specifically provided in the Policy.
 - i. Vasectomy.
 - j. Sexual reassignment surgery.
 - k. Reversal of sterilization procedures.
25. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.
26. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
- a. When due to a covered Injury or disease process.
27. Routine Newborn Infant Care, and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
28. Preventive care services. Routine physical examinations and routine testing. Preventive testing or treatment. Screening exams or testing in the absence of Injury or Sickness. This exclusion does not apply to benefits specifically provided in the Policy.
29. Services provided normally without charge by the Health Service of the institution attended by the Insured or services covered or provided by a student health fee.
30. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
31. Speech therapy, except as specifically provided in the Policy.
32. Supplies, except as specifically provided in the policy.
33. Surgical breast reduction, breast augmentation, breast implants or

- breast prosthetic devices or gynecomastia; except as specifically provided in the Policy.
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
 35. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
 36. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

Reporting Requirements

Successful Bidder must provide the University with a yearly report. The report will detail premiums received, and expenditures broken down by both specialty and service. Successful Bidder will work with the University to provide other reports if requested.

Plan Type

The University is seeking fully insured options only. The University will not accept self-funded plans or offshore options.

References

Each bidder should provide three (3) references below. Bidder(s) will provide references similar in scope and size to the program described in this IFB. At least one (1) of the three (3) references must be for a program/policy that the Bidder has administered for a minimum of three (3) years.

Reference #1

Institution Name: _____

Contact Name: _____

Contact Title: _____

Phone Number: _____ E-Mail Address: _____

Length of Agreement: _____

Reference #2

Institution Name: _____

Contact Name: _____

Contact Title: _____

Phone Number: _____ E-Mail Address: _____

Length of Agreement: _____

Reference #3

Institution Name: _____

Contact Name: _____

Contact Title: _____

Phone Number: _____ E-Mail Address: _____

Length of Agreement: _____

BID SCHEDULE

BASIC MEDICAL

Student Coverage (per enrolled student)

Per Semester _____ Dollars & _____ Cents \$ _____

Per Summer Session _____ Dollars & _____ Cents \$ _____

Dependent Coverage

"Spouse Only"

Per Semester _____ Dollars & _____ Cents \$ _____

Per Summer Session _____ Dollars & _____ Cents \$ _____

"Per Each Child"

Per Semester _____ Dollars & _____ Cents \$ _____

Per Summer Session _____ Dollars & _____ Cents \$ _____

CURRENT HEALTH PLAN

2022–2023

International Student Health Plan

University of New Orleans – Basic



Who is eligible to enroll?

All international students, scholars or other persons with a current passport are required to enroll in this Insurance Plan. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The 31-day requirement is waived for Summer if the applicant was enrolled in this plan in the immediately preceding Spring term. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age. Dependent Eligibility expires concurrently with that of the Insured student.

U.S. citizens are not eligible for coverage as a student or a Dependent.

How do I Enroll?

All International Students and Scholars will be automatically enrolled in the Insurance policy by University of New Orleans.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 888-251-6253 or customerservice@pghstudent.com.

Important Communication Information

All personal e-mails sent securely from the following companies:

- Microsoft Office 365
- Cisco

Most Communication will come from UHCSR.com or pghstudent.com. **Your school email is the main forum of communication and it is the student's responsibility to maintain and read those communications in a timely fashion.**

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage may be viewed at www.pghintlstudent.com.

Important dates

The Master Policy becomes effective at 12:01 A.M, July 01, 2022. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 P.M, September 30, 2023. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person.

Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

If you have eligible Dependents and you choose not to enroll them within fourteen days of your enrollment, your Dependents will not be eligible for enrollment again until the next policy year.

NOTICE: Cancellations/Refunds

Once you are enrolled in the plan, there are no refunds or cancellations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

Plan Cost

Rates	Fall 8/11/22 – 1/15/23	Spring/Summer 01/16/23 – 08/10/23	Summer 06/05/23 – 08/10/23
Student	\$670.00	\$877.00	\$284.00
Spouse	\$9,524.00	\$12,476.00	\$4,038.00
Each Child	\$5,628.00	\$7,372.00	\$2,386.00

This plan is underwritten by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company, Governors Square, Building 4, 2nd Floor, 23 Lime Tree Bay Avenue, P.O. Box 1051, Grand Cayman, Cayman Islands. This plan is based on policy number 2022-202907-91 Available through PGH Global and Issued to IHC.SP - GC BASIC - UNO - GSH under policy number 2022-203571-91. The Policy is a Non-Renewable One Year Term Policy.

This schedule applies to the Named Insured (student) only. Dependents are covered under a separate Schedule of Benefits.

Highlights of the Student Only Health Insurance Plan of Benefits offered by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company		
Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: www.pghintlstudent.com		
Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider level of benefits when treatment is rendered at the Student Health Center.		
	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	\$500,000 (For Each Injury or Sickness)	
Plan Deductible	\$100 (Per Insured Person, Per Policy Year)	\$500 (Per Insured Person, Per Policy Year)
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply</i>	\$20 Copay for Tier 1 30% Coinsurance per prescription for Tier 2 45% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy Not subject to deductible	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group.</i>	100% of Allowed Amount (\$1,000 Maximum, Per Policy Year) Not Subject to deductible	No Benefits
The following services have per service Copays This list is not all inclusive. Please read the plan certificate for complete listing of Copays.	Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible	Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible
UnitedHealthcare Global: Global Emergency Services	International Students are covered worldwide except in their home country.	

This schedule is for Dependent coverage only.

Highlights of the Dependent Only Health Insurance Plan of Benefits offered by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company		
Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: www.pghintlstudent.com		
	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	\$250,000 (Per Insured Person, Per Policy Year)	
Plan Deductible	\$250 (Per Insured Person, Per Policy Year)	\$750 (Per Insured Person, Per Policy Year)
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy.</i> <i>UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply</i>	\$20 Copay for Tier 1 30% Coinsurance per prescription for Tier 2 40% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Not Subject to Deductible	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations.</i> <i>Preventive care limits apply based on age and risk group.</i>	100% of Allowed Amount (\$1,000 Maximum, Per Policy Year)	No Benefits
The following services have per service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Medical Emergency: \$200 not subject to Deductible Room & Board: \$500 not subject to Deductible	Medical Emergency: \$200 not subject to Deductible
UnitedHealthcare Global: Global Emergency Services	International Students are covered worldwide except in their home country.	

Exclusions and Limitations:

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
2. Acupuncture.
3. Addiction, such as:
 - Nicotine addiction, except as specifically provided in the Policy.
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.
4. Biofeedback.
5. Injections.
6. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy or for newborn or adopted children. The primary result of the procedure is not a changed or improved physical appearance.
7. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
8. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
9. Elective Surgery or Elective Treatment.
10. Foot care for the following:
 - Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
11. Health spa or similar facilities. Strengthening programs.
12. Home health care.
13. Hospice care.
14. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury or Sickness inside the Insured's home country.
17. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs, business, pleasure or to or from the Insured's home country.
18. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law.
19. Injury sustained while:
 - Participating in any interscholastic, intercollegiate, or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
20. Investigational services.
21. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
22. Pre-existing Conditions in excess of \$1,000. This exclusion will not be applied to individuals who have been continuously insured under the student insurance Policy for at least 6 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under prior Creditable Coverage which provided benefits similar to this Policy provided the coverage was continuous to a date within 63 days prior to the Insured's effective date under this Policy.
23. Prescription Drugs; services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy. Biological sera. Blood or blood products administered on an outpatient basis.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive services for the following:
 - Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Female sterilization procedures, except as specifically provided in the Policy.
 - Vasectomy.
 - Sexual reassignment surgery.
 - Reversal of sterilization procedures.

25. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.
26. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
27. Routine Newborn Infant Care, and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
28. Preventive care services. Routine physical examinations and routine testing. Preventive testing or treatment. Screening exams or testing in the absence of Injury or Sickness. This exclusion does not apply to benefits specifically provided in the Policy.
29. Services provided normally without charge by the Health Service of the institution attended by the Insured or services covered or provided by a student health fee.
30. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
31. Speech therapy, except as specifically provided in the Policy.
32. Supplies, except as specifically provided in the Policy.
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Policy.
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
35. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
36. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, Insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by

UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your plan certificate for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient; Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your plan certificate or the Master Policy.

Highlights of Services offered by UnitedHealthcare StudentResources

HealthiestYou: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By visiting www.pghintistudent.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

*Available to Insured students and their covered Dependents; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

24/7 Student Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include

- 24/7 Crisis Support – access to trained master's-level specialists, 24/7/365, who provide in-the-moment support and consultation.
- Financial and Legal Advice - financial services are provided by licensed CPA's and Certified Financial Planners who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law.
- Mediation services - available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- Living Well Portal – access to liveanworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
- CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.

This Summary Brochure is based on Policy #2022-203571-91.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document.

- Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.pghintistudent.com under Additional Benefits.

HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

ID Cards

Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the www.pghintistudent.com website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their My Account. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

Online Services

Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.pghintistudent.com. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and the App Store.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

EXHIBIT "B"

2021-2022 INFORMATION AND CLAIMS

IHC SP - GC Basic - UNO - GSH
(203571)

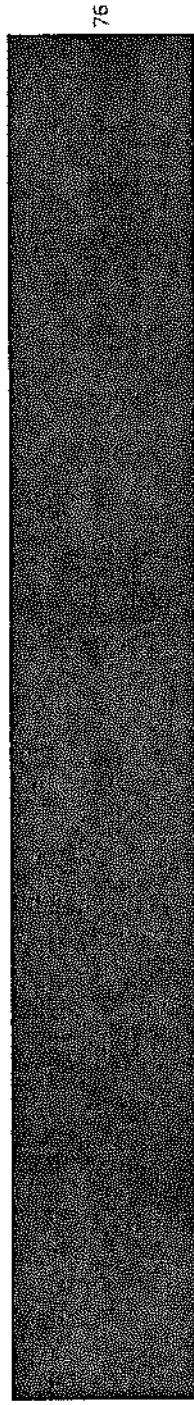
Policy Option(s)

91

Annualized Membership

2021-22 policy year is an estimate.

Students Dependents



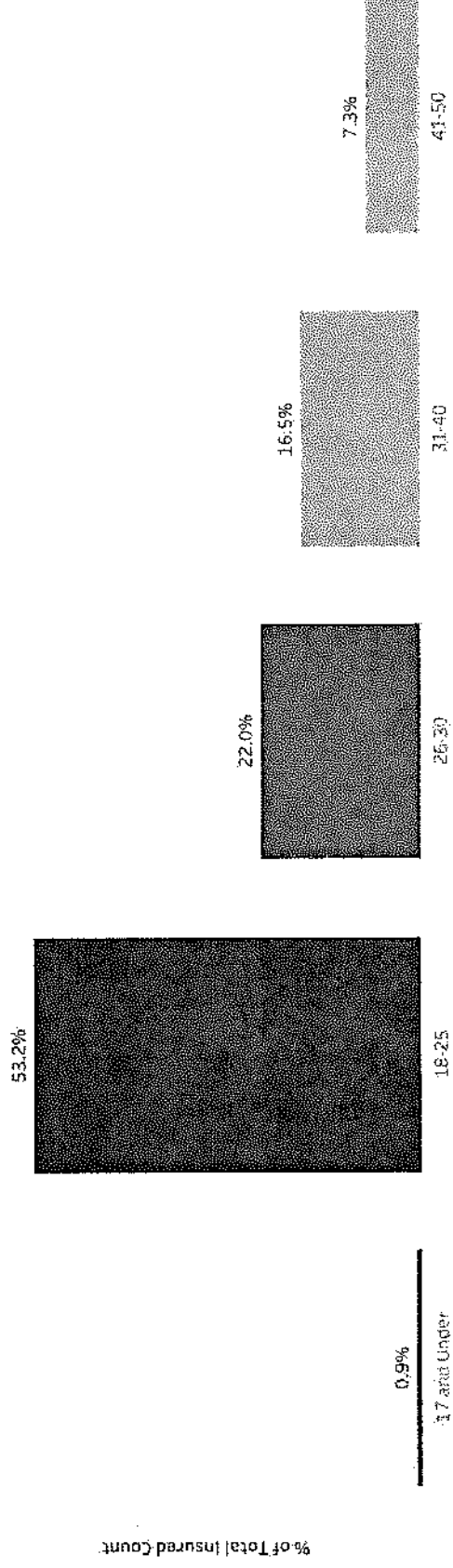
2021-22

Dependents 0

2021-22 Membership by Age Group

17 and Under 18-25 26-30 31-40 41-50

Students



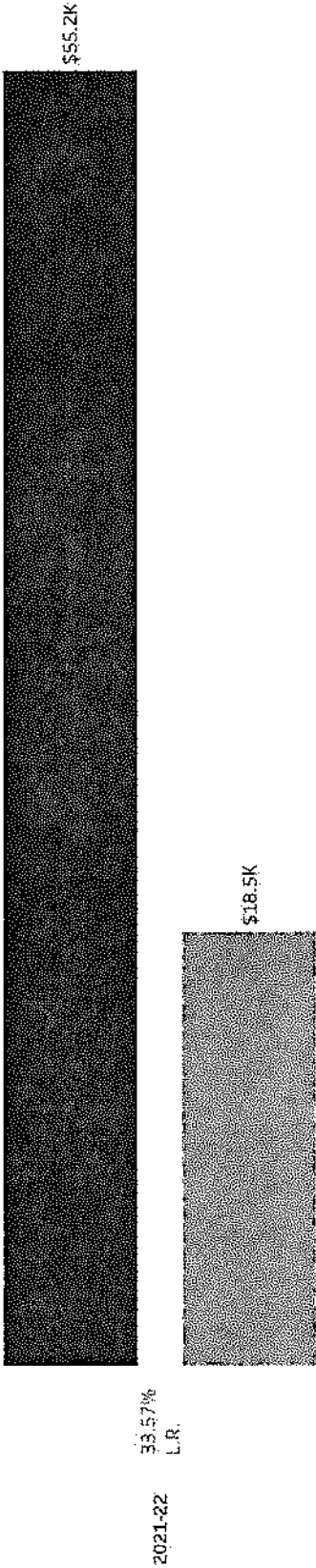
IHC SP - GC Basic - UNO - GSH (203571) - Membership as of March 1, 2023

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Plan Experience Overview

All Insureds P&L

Premium Paid Claims



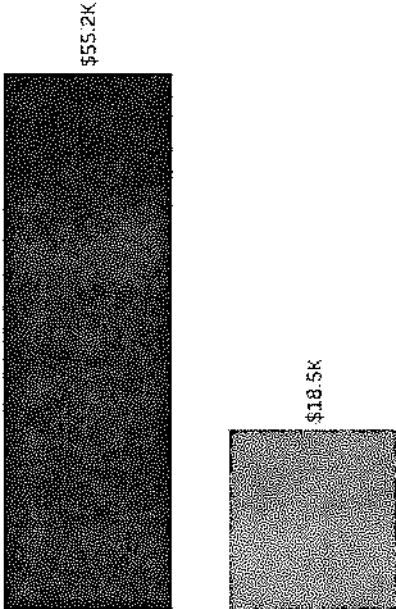
2021-22 33.57% L.R.

Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)

Students - P&L

Premium Paid Claims



2021-22 33.57% L.R.

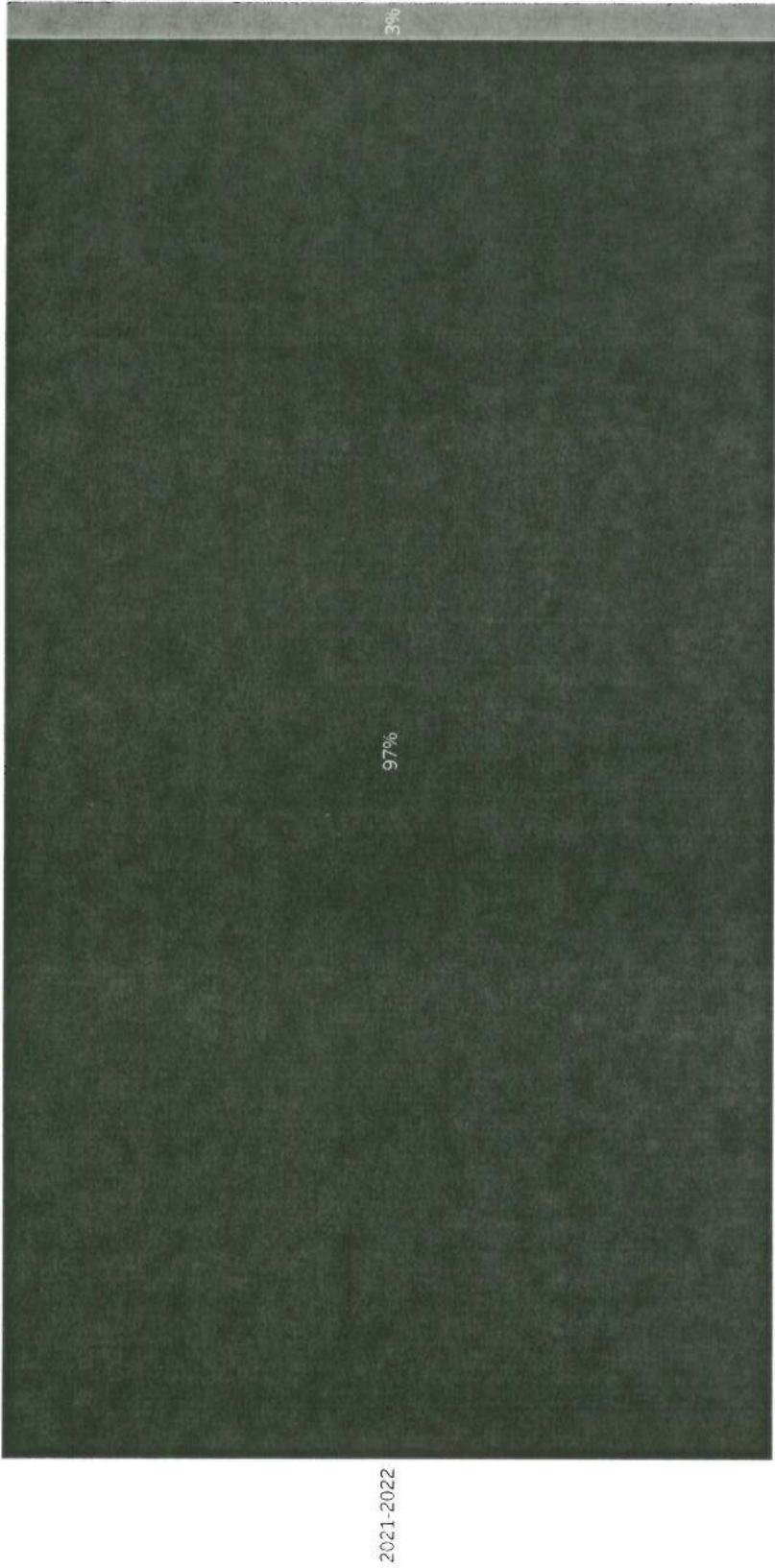
Values are displayed in thousands

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Network Experience

■ Out-of-Network
■ In-Network



\$0 \$1,000 \$2,000 \$3,000 \$4,000 \$5,000 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000 \$11,000 \$12,000 \$13,000 \$14,000 \$15,000 \$16,000 \$17,000 \$18,000

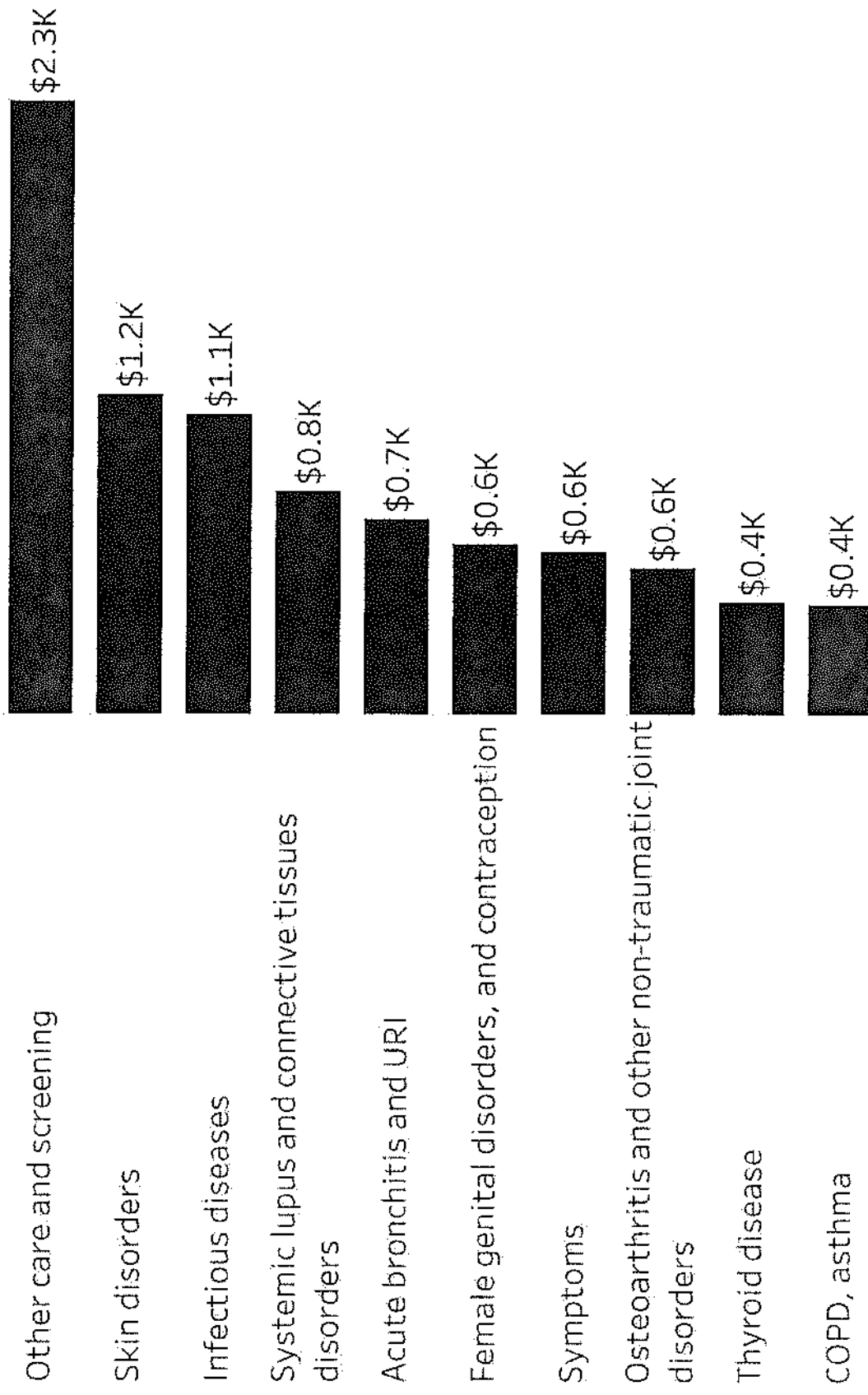
Paid Claims

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top 10 Diagnoses 2021-22 Policy Year

Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories.

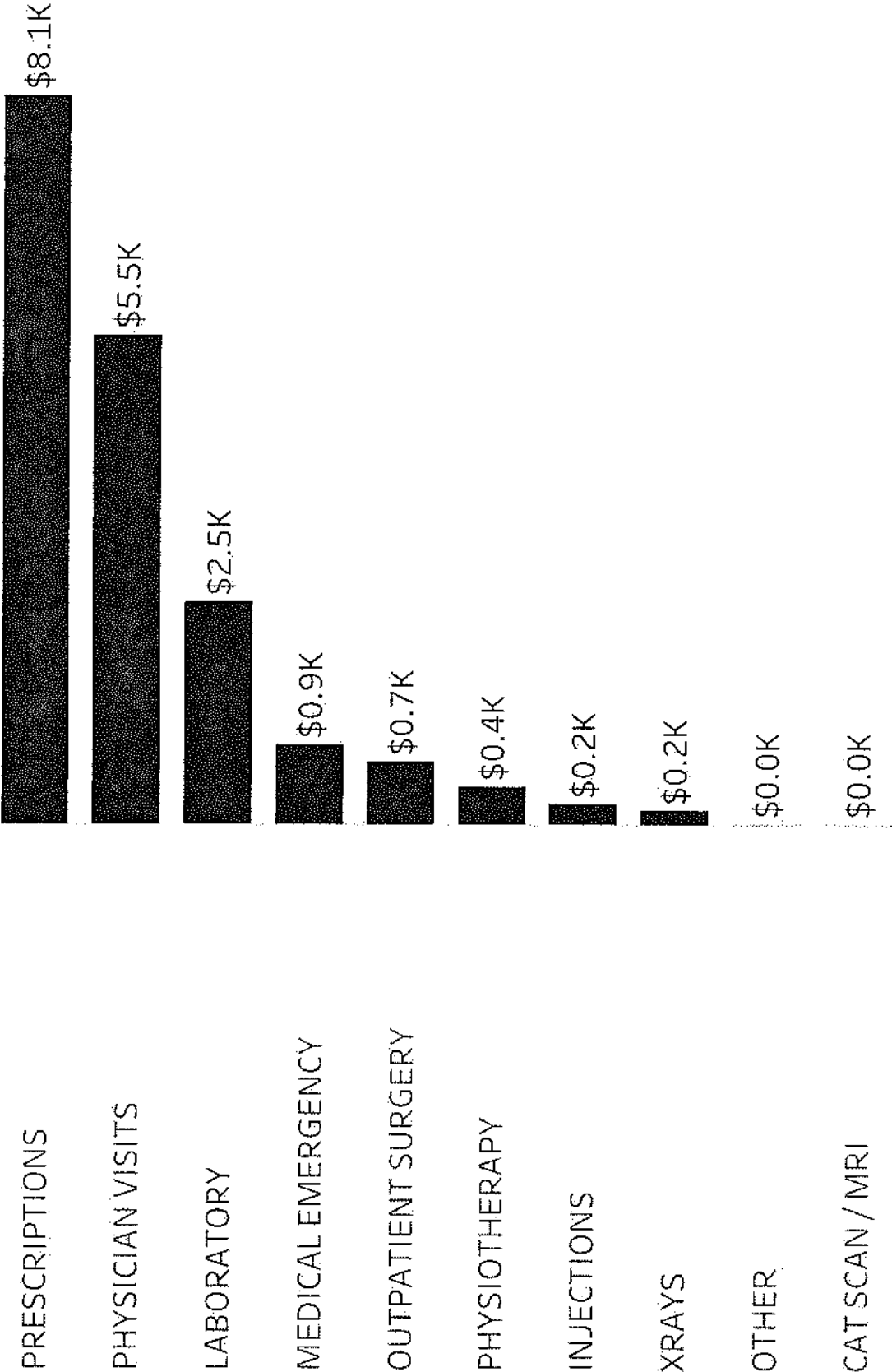


Values are displayed in thousands

IRC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top 10 SR Charge Categories 2021-22 Policy Year



Values are displayed in thousands

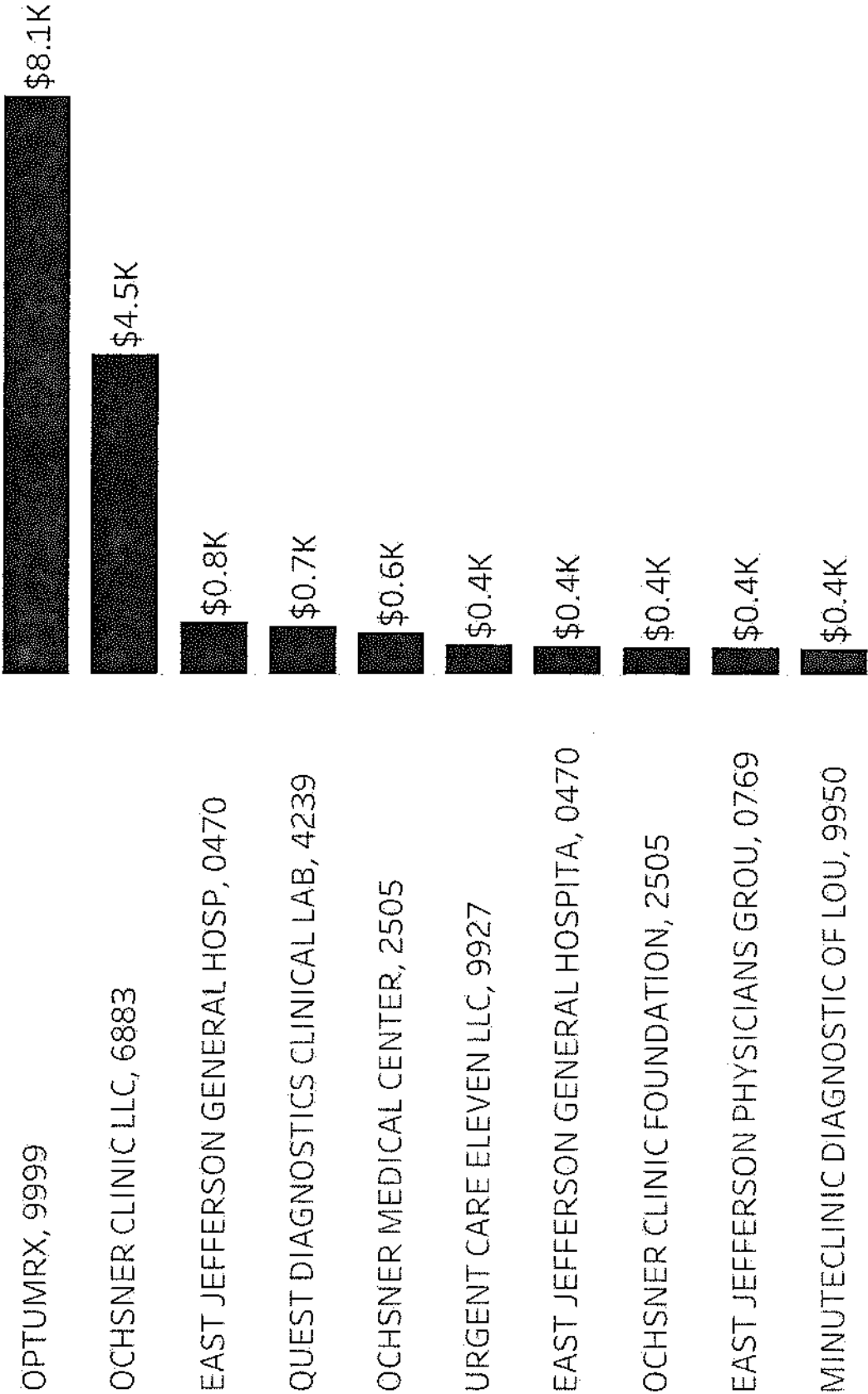
Claims greater than \$10,000

None - Claims greater than \$10,000 - Utilization as of March 1, 2023

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top Billing Providers

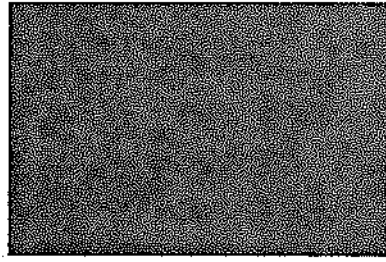
2021-22 Policy Year



Values are displayed in thousands

Top Rx Report

Percentage of Members Utilizing Rx



2021-22

37%

Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
PFIZER-BIONTECH COVID-19 VACCINE	3	13	13	\$0	\$520
MODERNA COVID-19 VACCINE	3	9	9	\$0	\$360
PANTOPRAZOLE SODIUM	1	9	3	\$17	\$0
IBUPROFEN	1	6	4	\$24	\$0
SULFAMETHOXAZOLE/ TRIMETHOPRIM DS	1	5	3	\$27	\$0

Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
TRULICITY	2	1	\$1,634	\$3,812
GARDASIL 9	3	2	\$0	\$742
PFIZER-BIONTECH COVID-19 VACCINE	3	13	\$0	\$520
ACETAZOLAMIDE	1	1	\$40	\$449
ADVAIR DISKUS	1	1	\$20	\$390
MODERNA COVID-19 VACCINE	3	9	\$0	\$360
BUSPİRONE HYDROCHLORIDE	1	1	\$80	\$338
FLOVENT HFA	1	1	\$20	\$254
ADDERALL XR	1	1	\$20	\$196
LAMOTRIGINE	1	1	\$200	\$186

Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
BIOLOGICALS	25	\$0	\$1,586
GLUCOCORTICOIDS	9	\$92	\$323
ANTIARTHRITICS	6	\$34	\$0
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	5	\$150	\$0
ANTI-ULCER PREPS/GASTROINTESTINAL P...	4	\$26	\$0
PENICILLINS	4	\$44	\$0
NON-NARCOTIC ANALGESICS	3	\$134	\$350
SULFONAMIDES	3	\$27	\$0
SYSTEMIC CONTRACEPTIVES	3	\$0	\$216

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

03/01/23

Rx Utilization per claimant by Tier

Copay Paid Claims

Tier 1 2021-22 Tier 2 2021-22 Tier 3 2021-22

Per Claimant

\$55

Copay

\$92

Paid Claims

\$817

Copay

\$1,929

Paid Claims

\$78

Paid Claims

\$0

Copay

Rx Utilization by Tier

2021-22

Tier	Claimant Count	Copay	Paid Claims
1	25	\$1,382	\$2,304
2	2	\$1,634	\$3,858
3	25	\$0	\$1,939

IHC SP - GC Basic - UNO - GSH (203571)

Policy Option(s)

91

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

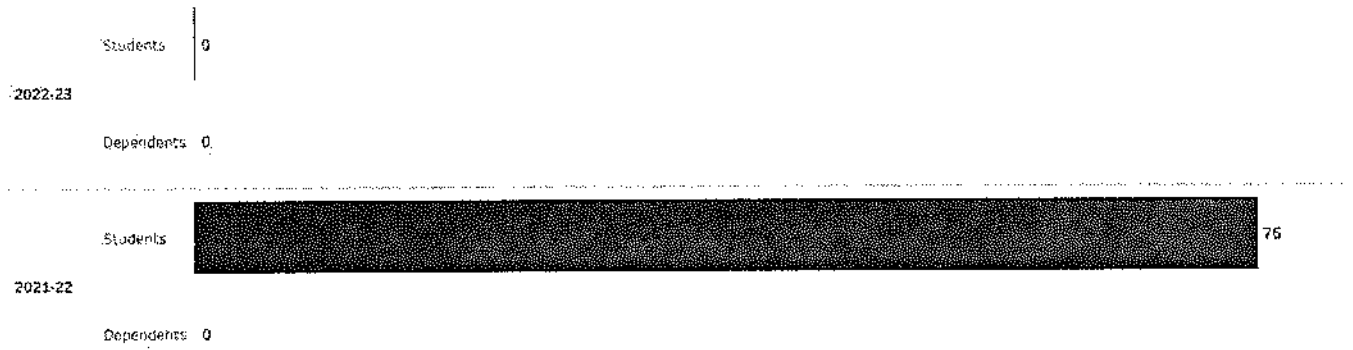
Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Annualized Membership

2022-23 policy year is an estimate.

Students

Dependents



2022-23 Membership by Age Group

17 and Under

18-25

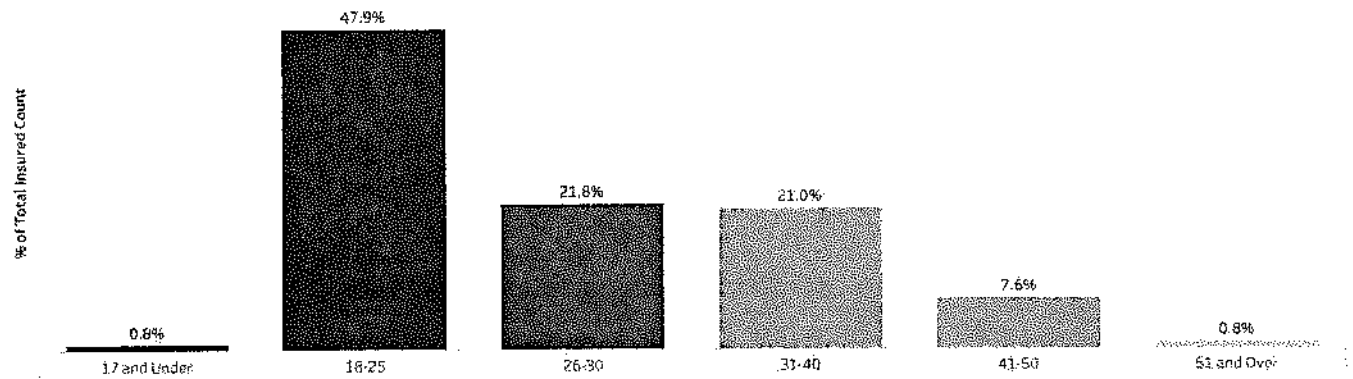
26-30

31-40

41-50

51 and Over

Students

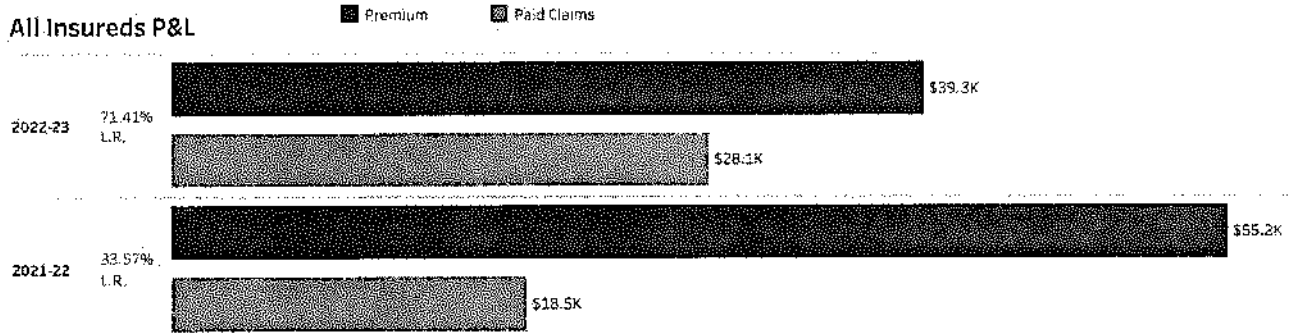


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Plan Experience Overview

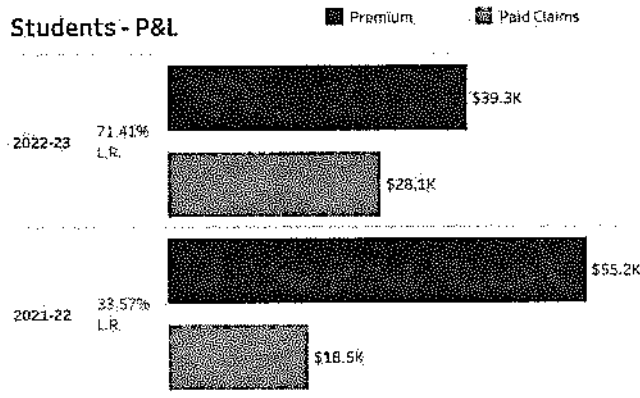
All Insureds P&L



Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)

Students - P&L



Values are displayed in thousands

Dependents - P&L

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

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Network Experience

■ Out-of-Network
■ In-Network

2022-2023

100%

2021-2022

97%

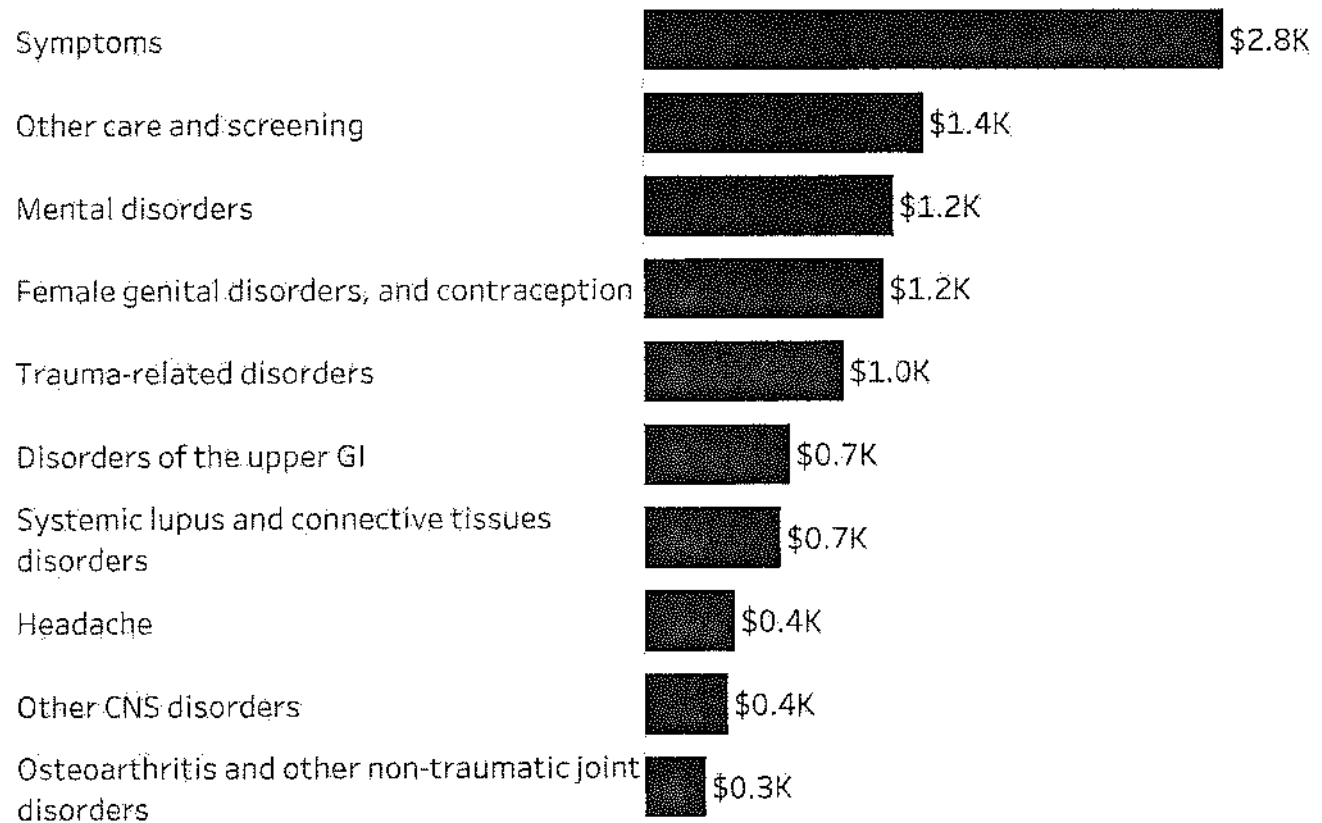
\$0 \$2,000 \$4,000 \$6,000 \$8,000 \$10,000 \$12,000 \$14,000 \$16,000 \$18,000 \$20,000 \$22,000 \$24,000 \$26,000 \$28,000
Paid Claims

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

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Top 10 Diagnoses 2022-23 Policy Year

Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories.

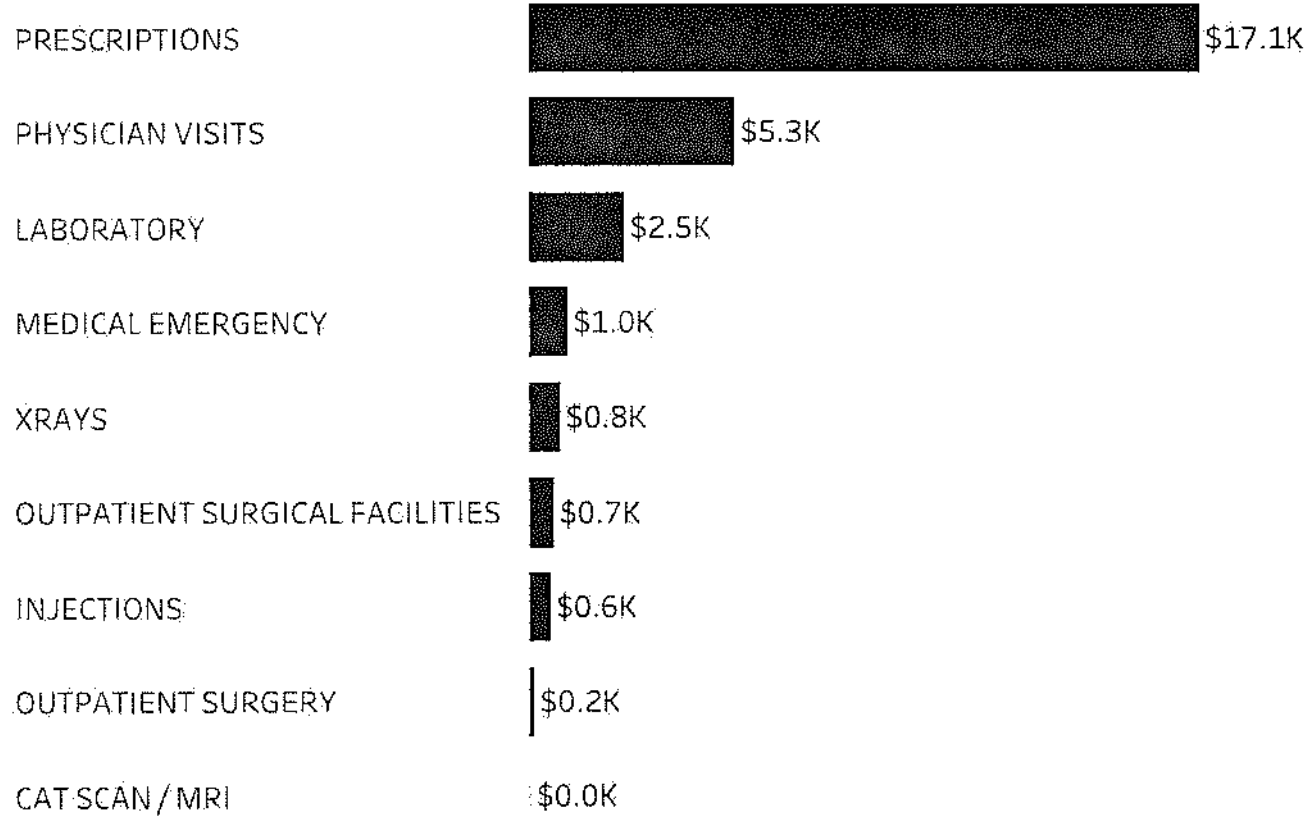


Values are displayed in thousands

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

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Top 10 SR Charge Categories 2022-23 Policy Year



Values are displayed in thousands

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Claims greater than \$10,000

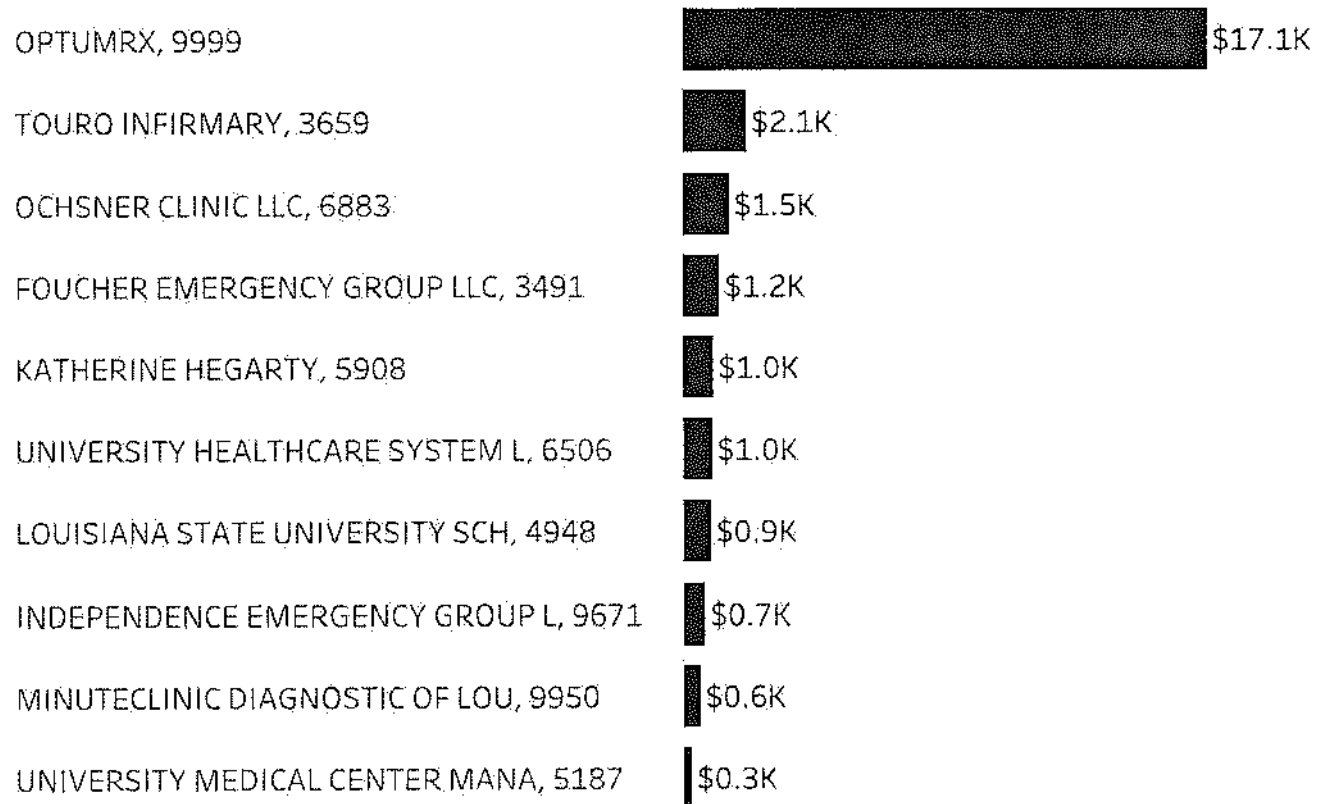
Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2022-23	October 7, 2022	Student	PBM CLAIMS	\$22,511	\$12,539

IHC SP - GC Basic - UNO - GSH (203571) - Claims greater than \$10,000 - Utilization as of March 1, 2023

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Top Billing Providers

2022-23 Policy Year



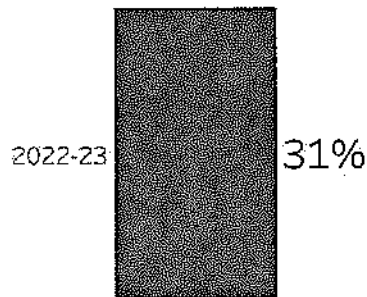
Values are displayed in thousands

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

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Top Rx Report

Percentage of Members Utilizing Rx



Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
IBUPROFEN	1	6	4	\$21	\$0
BUTALBITAL/ACETAMINOPHEN/CAP.	1	5	3	\$5	\$0
AMOXICILLIN	1	4	3	\$11	\$0
FLUARIX QUADRIVALENT 2022-2023	3	4	4	\$0	\$102
MUPIROCIN	1	4	4	\$50	\$0
AMOXICILLIN/CLAVULANATE POTAS.	1	3	3	\$53	\$0
BENZONATE	1	3	3	\$45	\$0
BOOSTRIX	2	3	3	\$0	\$137
FLUCELVAX QUADRIVALENT 2022-20	3	3	3	\$0	\$78
PFIZER-BIONTECH COVID-19 VACCIN.	3	3	3	\$0	\$80

Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
DUPIXENT	2	1	\$5,371	\$12,533
TRULICITY	2	1	\$995	\$2,324
ASDERALL XR	1	1	\$100	\$980
CIPRODEX	1	1	\$20	\$231
LANOTRIGINE	1	1	\$140	\$159
ENGERIX-B	2	2	\$0	\$153
BOOSTRIX	2	3	\$0	\$137
FLUARIX QUADRIVALENT 2022-2023	3	4	\$0	\$102
ZAFEMY	1	1	\$20	\$91
M-M-P.H	2	1	\$0	\$85

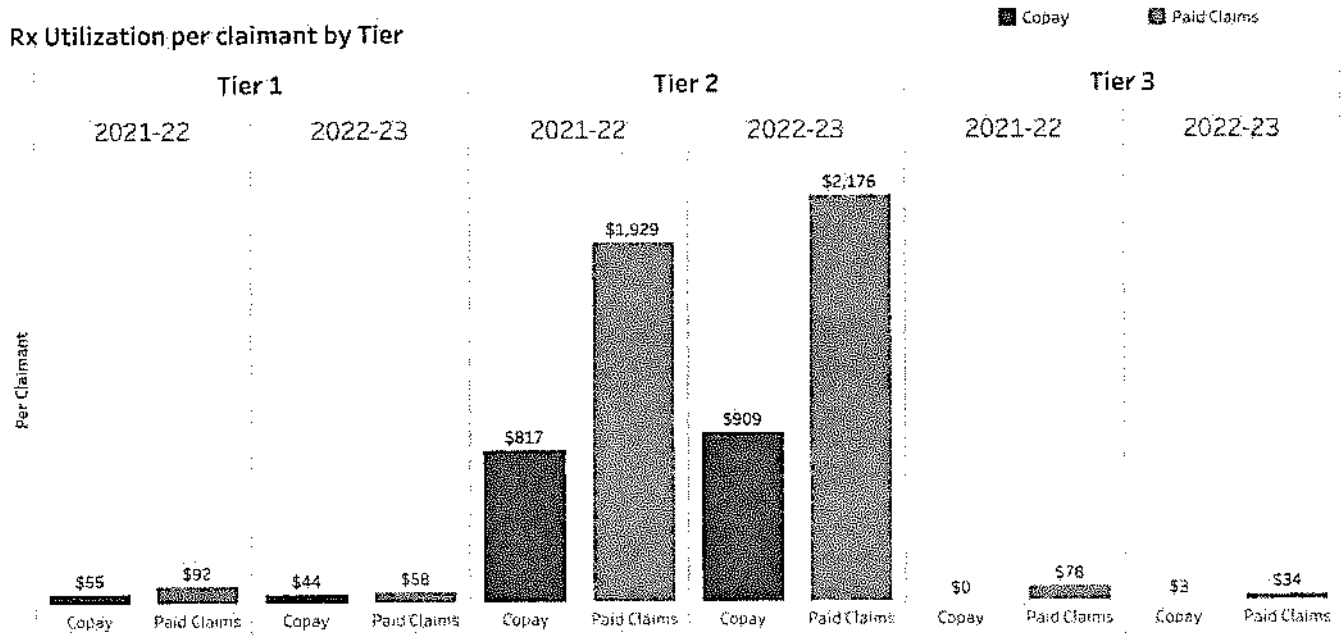
Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
BIOLOGICALS	8	\$0	\$637
ANTIARTHRITICS	6	\$52	\$0
OTHER ANTIBIOTICS	6	\$64	\$0
PENICILLINS	6	\$64	\$0
MISCELLANEOUS	4	\$45	\$20
NON-NARCOTIC ANALGESICS	4	\$5	\$0
NARCOTIC ANALGESICS	3	\$14	\$0
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	3	\$203	\$20
TOPICAL NASAL AND OTIC PREPARATIONS	3	\$23	\$0

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023

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Rx Utilization per claimant by Tier



Rx Utilization by Tier

Tier	2021-22			2022-23		
	Claimant Count	Copay	Paid Claims	Claimant Count	Copay	Paid Claims
1	25	\$1,382	\$2,304	27	\$1,194	\$1,572
2	2	\$1,634	\$3,858	7	\$6,366	\$15,230
3	25	\$0	\$1,939	9	\$27	\$304

IHC SP - GC Basic - UNO - GSH (203571) - Utilization as of March 1, 2023.

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